

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/07/03.

I. DISPUTE

Whether there should be reimbursement for L0180, L0172, L0120 and E1399.

II. FINDINGS

The respondent reduced payment for the durable medical equipment based upon "M-Reduced to Fair and Reasonable".

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
07/08/03	L0180	\$400.00	\$340.00	M	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR VIII & IX Section 413.011 (b)	The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$60.00 is recommended
	L0172	\$195.00	\$43.85				The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$151.15 is recommended
	L0120	\$50.00	\$30.00				The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$20.00 is recommended
	E1399	\$239.00	\$59.04				The requestor provided redacted EOBs from insurance carriers with HCPCS code E1399 misc. durable medical equipment. It is not clear if this is the same item as the one in dispute, therefore a change in reimbursement is not supported. Additional reimbursement is not recommended
Totals		\$884.00	\$472.89				The Requestor is entitled to reimbursement of \$231.15

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$231.15**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$231.15** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30th day of April 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

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